



STATE OF MICHIGAN

Jennifer M. Granholm  
GOVERNOR

DEPARTMENT OF LABOR & ECONOMIC GROWTH  
DAVID C. HOLLISTER, DIRECTOR

Michigan Occupational Safety  
and Health Administration  
(MIOSHA)

## MIOSHA DISCRIMINATION COMPLAINT

Full name:*		Date of Hire:*	Job Title and Department:*		Case No. (Office Use Only)	
Address:*			City:*		State:*	Zip Code:*
County:	Telephone No.:	Present Status:*				
<input type="checkbox"/> Still Employed <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Suspended (   ) days						
Employer :*	Address:*			State:*	Zip Code:*	
County:	Telephone No.:*		Supervisor or Contact Person:			
Union:*	Union Local No.		Union Address:			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you filed a grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status of your grievance:		Date your grievance was filed:		Rate of Pay*
Did you file a complaint of :*			Date you filed Complaint:			
<input type="checkbox"/> Health <input type="checkbox"/> Safety <input type="checkbox"/> Both						
Date and time discrimination occurred:*		Why do you think you were discriminated against?*				
Did you verbally complain of alleged unsafe/unhealthy conditions to the Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		To whom, when and what were the results of your complaint:				
Summary of Events:*						
Date:						

**\*Information Required to Complete Form**